

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25059 (9)

1. Corporation Name

BARKLEY MASTER ASSOCIATION, INC.



Principal Place of Business

**BARKLEY RECREATIONAL CENTER
2605 BARKLEY DRIVE
WEST PALM BEACH FL 33415**

Mailing Address

**BARKLEY RECREATIONAL CENTER
2605 BARKLEY DRIVE
WEST PALM BEACH FL 33415**

3. Date Incorporated or Qualified
02/25/1988

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ST. JOHN, DAVID
ST. JOHN, KING & DICKER
500 AUSTRALIAN AVE. S., #600
WEST PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD SEYLER, CARMELA
2711 BARKLEY DR W
WEST PALM BEACH FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD GOLDWAITE, MARY
2681 D. BARKLEY E.
WEST PALM BEACH FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D FLYNN, MAJORIE
2680 BARKLEY DR. EAST
WEST PALM BEACH FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D LONG, THERESA
2620 D. BARLEY DR. E.
WEST PALM BEACH FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D HERRIGAN, CHARLOTTE
2541 D. BARKLEY DR. W
WEST PALM BEACH FL** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT THOMSEN, KATHLEEN
2681 D. BARKLEY DR. W
WEST PALM BEACH FL** ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Carmela J. Seyler Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARMELA J. SEYLER PRES

4/3/96

(407)965-6103

Date

Daytime Phone #

CR2E037 (12/95)